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CONFIRMATION NO. 3548

| SERIAL NUMBER | FILING or 371(c) DATE | CLASS | GROUP ART UNIT | ATTORNEY DOCKET NO. |
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| 10/531,552 | 11/08/2005 | 514 | 1627 | 9516-075-999 |
| RULE | | | | |
| APPLICANTS Jerome B Zeldis, Princeton, NJ; | | | | |
| ** CONTINUING DATA ***** This application is a 371 of PCT/US03/11324 04/13/2003 * which claims benefit of 60/418,470 10/15/2002 (*Data provided by applicant is not consistent with PTO records. | | | | |
| ** FOREIGN APPLICATIONS ***** | | | | |
| ** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** | | | | |
| Foreign Priority claimed 35 USC 119(a-d) conditions met Verified and Acknowledged | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No /TIMOTHY E BETTON/ Examiner's Signature | <input type="checkbox"/> Met after Allowance TEB Initials | STATE OR COUNTRY NJ | SHEETS DRAWINGS 0 |
| | | | TOTAL CLAIMS 37 | INDEPENDENT CLAIMS 13 |
| ADDRESS JONES DAY 222 E. 41ST. STREET NEW YORK, NY 10017 UNITED STATES | | | | |
| TITLE Method of using and compositions comprising selective cytokine inhibitory drugs for the treatment and management of myelodysplastic syndromes | | | | |
| FILING FEE RECEIVED 6190 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |